

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL079075	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 07/08/2021
NAME OF PROVIDER OR SUPPLIER R & D WILSON HOME CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1325 E STADIUM DRIVE EDEN, NC 27288		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
{C 000}	Initial Comments The Adult Care Licensure Section conducted a follow-up survey on 07/08/21.	{C 000}			
{C 022}	10A NCAC 13G .0302 (b) Design And Construction 10A NCAC 13G .0302 Design And Construction (b) Each home shall be planned, constructed, equipped and maintained to provide the services offered in the home. This Rule is not met as evidenced by: FOLLOW-UP TO TYPE B VIOLATION Based on these findings, the previous Type B Violation was not abated. Based on observations, record reviews and interviews, the facility failed to ensure the residents' evacuation capabilities were in accordance with the evacuation capability listed on the facility's license for 1 of 1 sampled resident (Resident #1) who had cognitive impairments and did not exit the facility during a fire drill. The findings are: Review of the facility's provisional license effective June 24, 2021 revealed the facility was licensed for a capacity of four ambulatory residents. Review of the facility's census revealed there was	{C 022}			

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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{C 022}	<p>Continued From page 1</p> <p>one resident.</p> <p>Review of Resident #1's current FL2 dated 07/21/20 revealed diagnoses included dementia, glaucoma, anemia, gastroesophageal reflux disorder, and hypertension.</p> <p>Review of Resident #1's care plan dated 07/21/20 revealed:</p> <ul style="list-style-type: none"> -Resident #1 needed supervision with ambulation/locomotion and transferring herself. -Resident #1 needed extensive assistance with grooming/personal hygiene, and toileting. -Resident #1 was sometimes disoriented, forgetful, and needed reminders. <p>Review of the facility's fire drill logs revealed:</p> <ul style="list-style-type: none"> -Fire drills were conducted three times in the month of June 2021. -There was a fire drill documented on 06/01/21, that lasted one minute. -There was a second fire drill documented on 06/26/21 at 9:45am, that lasted for two and one-half minutes. -There was a third fire drill documented on 06/26/21 at 3:50pm that lasted for two minutes. <p>Observation of a fire drill conducted on 07/08/21 between 9:30am and 9:35am revealed:</p> <ul style="list-style-type: none"> -At 9:00am, the Administrator sprayed a substance on the smoke alarm to activate the alarm in the kitchen. -The smoke alarm was four feet from being directly over the head of Resident #1. -The alarm sounded for 30 seconds. -Resident #1 did not move and was not startled by the loud sound of the alarm. -The Administrator sprayed the substance again to sound the alarm at 9:32am. -The Administrator prompted Resident #1 using 	{C 022}			

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{C 022}	<p>Continued From page 2</p> <p>her hand to gesture to the resident to follow her outside.</p> <p>-The Administrator and two visitors present in the facility, excluding the surveyor went outside.</p> <p>-Resident #1 still did not move but sat in the chair and continued to look around the room.</p> <p>-At 9:35am, the Administrator sprayed the substance to sound the smoke alarm.</p> <p>-The Administrator and two visitors including the surveyor went outside.</p> <p>-Resident #1 said "everybody went out, I guess I will go out to" and walked outside.</p> <p>Interview with the Administrator on 07/08/21 at 10:00am revealed:</p> <p>-Resident #1 initially, would not go outside because the surveyor was in the facility.</p> <p>-If someone was in the facility Resident #1 would not leave the facility.</p> <p>-Resident #1 was close to her and usually followed her everywhere.</p> <p>-If there was a real fire and she could not get out of the facility, then Resident #1 would not go outside.</p> <p>Based on observations, interviews and record reviews, it was determined Resident #1 was not interviewable.</p> <p>_____</p> <p>The facility failed to ensure a resident (#1) with dementia was able to evacuate the facility in an emergency without verbal prompting or being led outside to safety by staff. This failure was detrimental to the health, safety and welfare of the resident and constitutes an unabated Type B violation.</p> <p>_____</p> <p>The facility provided a plan of protection in accordance with G.S. 131D-34 on 07/08/21 for this violation.</p>	{C 022}		

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{C 912}	<p>G.S. 131D-21(2) Declaration of Residents' Rights</p> <p>G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure residents received care and services which were adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations related to design & construction.</p> <p>The findings are:</p> <p>Based on observations, record reviews and interviews, the facility failed to ensure the residents' evacuation capabilities were in accordance with the evacuation capability listed on the facility's license for 1 of 1 sampled resident (Resident #1) who had cognitive impairments and did not exit the facility during a fire drill. [Refer to 10A NCAC 13G .0302(b) Design & Construction (unabated Type B Violation)].</p>	{C 912}		